



9936 Cote-De-Liesse, Lachine, Quebec H8T1A1
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CREDIT APPLICATION

COMPANY : _____
ADDRESS : _____
CITY : _____ STATE : _____ PC/ZIP : _____
TEL.: _____ FAX : _____ WWW : _____
TYPE OF BUSINESS : _____ SINCE : _____
INCORPORATION PARTNERSHIP PROPRIETORSHIP
PAYABLE CONTACT : _____ TEL.: _____ FAX : _____
E.MAIL : _____ WORK HOURS : _____

REFERENCES AND SUPPLIERS

1) BANK : _____ ADDRESS : _____
TEL.: _____ FAX : _____ CONTACT : _____
2) NAME : _____ ADDRESS : _____
TEL.: _____ FAX : _____ CONTACT : _____
3) NAME : _____ ADDRESS : _____
TEL.: _____ FAX : _____ CONTACT : _____

CONDITIONS

THE APPLICANT SHALL MAKE PAYMENT WITHIN THIRTY (30) DAYS FROM INVOICE DATE AND ALL ARREARS WILL BEAR INTEREST AT THE RATE OF 2 % PER MONTH OR 24 % PER ANNUM.

I, THE UNDERSIGNED, _____, REPRESENTATIVE OF _____, DECLARE THAT ALL THE INFORMATION SUPPLIED IN THIS CREDIT FORM IS TRUE AND ACCURATE, AND THAT I AM AUTHORISED TO REQUEST THE OPENING OF A CHARGE ACCOUNT WITH LIAISON CAN./U.S. COURRIER (1986) INC.. FURTHERMORE, BY SIGNING HEREUNDER THIS CREDIT FORM, I AGREE AND AUTHORISE LIAISON CAN./U.S. INC. TO OBTAIN FROM ANY CREDIT REPORTING AGENCY, ANY FINANCIAL INSTITUTION OR ANY OTHER SOURCE, ALL NECESSARY AND PERTINENT INFORMATION FOR OPENING OF A CHARGE ACCOUNT WITH LIAISON CAN./U.S. INC. AND OR THE PERIODIC UPDATING OF MY CREDIT FILE.

SIGNED AT _____ THIS _____ DAY OF _____ 20____
REPRESENTATIVE

X _____